

April 1, 2003

The Honorable Arlen Specter, Chairman
The Honorable Tom Harkin, Ranking Member
Subcommittee on Labor, Health and Human Services and Education
Senate Committee on Appropriations
Hart Senate Office Building 711
Washington, DC 20510

Dear Senators Harkin and Specter:

As members of the Senate Rural Health Caucus, we are writing to ask that you consider continued support for rural health as you move forward in the appropriations process for Fiscal Year 2004.

While current spending on rural health is relatively small, it plays a critical role in solidifying the fragile health care infrastructure common in rural communities. We understand the current constraints on the federal budget and recognize the need to eliminate wasteful and inefficient programs. However, we also believe that we must continue to support government policies that work and urge you to take into consideration the effectiveness of the rural health programs listed below.

National Health Service Corps (NHSC): The NHSC plays a critical role in maintaining the health care safety net by placing primary health care providers in our nation's most underserved rural communities. It is crucial that a substantial increase be provided this year to eliminate the 2,800 Health Professional Shortage Areas, 740 Mental Health Shortage Areas and 1,200 Dental Health Shortage Areas now designated across the country.

Rural Health Outreach, Network Development and Telemedicine Grant Program: These grants are available to rural communities working to provide health care services through new and creative strategies including telemedicine and trauma care services. Grantees are also awarded needed funding to develop formal, integrated networks of providers that delivery primary and acute care services. We urge continued support with a modest increase for this essential grant program as communities continue to struggle with the burdens of Medicare and Medicaid reimbursement constraints.

Rural Health Research Grant Program: This grant program supports six academic-based rural health research centers that study rural health issues, including work on rural hospitals, health professionals, delivery of mental health services and the functioning of managed care systems in rural areas. Rural health research centers have also conducted analysis of the impact of the Balanced Budget Act of 1997 (BBA), the Balanced Budget Refinement Act of 1999

(BBRA) and the Beneficiary Improvement and Protection Act of 2000 (BIPA) on the rural health care delivery system. We ask your support for this program with a modest increase to build upon the important work of the rural health research centers that assist federal legislators in crafting national rural health policies.

Medicare Rural Hospital Flexibility Program: The BBA created a nationwide program to improve access to essential health care services through the establishment of Critical Access Hospitals (CAHs), rural health networks and rural emergency medical services. We ask the Committee to continue its support for this key rural health program.

Small Rural Hospital Performance Improvement Act: This critical new initiative provides assistance to rural hospitals under 50 beds to improve their data systems, comply with the prospective payment system, comply with regulations of the Health Insurance Portability and Accountability Act and reduce medical errors. We ask the Committee to continue its support and recognition of the unique circumstances of small, rural hospitals.

Rural Access to Emergency Devices Act (AED): This important rural health program was authorized during the final days of the 106th Congress. It will assist communities in purchasing emergency devices such as defibrillators and training potential responders in their use as well as in basic CPR and first aid. We urge you to again include sufficient funding for this new initiative that will ensure our rural communities are not left behind in the fight to lower cardiac arrest rates across America.

Office for the Advancement of Telehealth: The Office for the Advancement of Telehealth leads, coordinates and promotes the use of telehealth technologies by fostering partnerships between federal agencies, states and private sector groups to create telehealth projects. As telemedicine technologies are critically important to the delivery of care in remote rural and frontier areas, we urge the Committee to continue its support for this program.

State Offices of Rural Health: State offices of rural health play a key role in assisting rural health clinics, community health centers, and small, rural hospitals in assessing the health care needs in rural communities. In those states that have used the resources and expertise of these state offices, S-CHIP has been more successful in enrolling rural children. In partnership with other state agencies the rural health offices have been essential in addressing the unique needs of rural communities. We urge your continued support for this program.

Consolidated Health Centers Program: Community Health Centers (CHCs) provide services to over ten million people living in underserved areas, with about 50 percent of the users being from rural areas. These providers are an essential part of the safety-net of our rural health care system and play an enormous role in access to care for rural areas. We ask your support for an increase in funding for this important provider network.

Rural EMS Grant Program: This program was authorized during the 107th Congress as part of a larger effort to strengthen the health care safety net. Today, although the majority of rural areas rely on volunteer EMS personnel to provide emergency care, many communities report increasing difficulty in recruiting and retaining these individuals. The Rural EMS grant program

addresses this problem by providing resources that EMS squads can use for a variety of purposes, including training volunteers in emergency response and injury prevention as well as helping volunteers meet the costs of obtaining State emergency medical certification. Rural EMS squads can also use the funding to purchase new equipment. Given the increasing focus on national emergency preparedness, we urge the committee to provide much-needed funding for this important program.

Health Professions: We ask the Committee to continue adequate funding for Health Professions programs and in particular the Quentin Burdick Rural Training program. These programs are the main source of education and training for rural health care providers as virtually all Graduate Medical Education payments go to urban-based teaching hospitals.

Maintaining fiscal discipline is a top priority and we want to work with you toward that goal. However, we request that you consider the important role these programs play in rural communities as the Committee prepares to mark up the "Departments of Labor, Health and Human Services, Education and Related Agencies Appropriation Bill for Fiscal Year 2004."

Sincerely,

RURAL HEALTH CAUCUS

FISCAL YEAR 2004 – APPROPRIATIONS REQUEST LETTER SIGNEES:

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